

## PART B—ISSUE FEE TRANSMITTAL

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Washington, D.C. 20231

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Elaine E. Calimquim

(Depositor's name)

(Signature)

(Date)

|                       |                   |              |                             |               |
|-----------------------|-------------------|--------------|-----------------------------|---------------|
| APPLICATION NO.       | FILING DATE       | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
| 08/660,880            | 06/10/96          | 024          | CHEN, A                     | 2782 10/02/98 |
| First Named Applicant | LUDWIG, LESTER F. |              |                             |               |

TITLE OF INVENTION SYSTEM FOR TELECONFERENCING IN WHICH COLLABORATION TYPES AND PARTICIPANTS BY NAMES OR ICONS ARE SELECTED BY A PARTICIPANT OF THE TELECONFERENCE (AS AMENDED)

|                   |                |             |             |              |              |          |
|-------------------|----------------|-------------|-------------|--------------|--------------|----------|
| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO.   | APPLN. TYPE | SMALL ENTITY | FEE DUE      | DATE DUE |
| 2                 | VEDR-001/08U   | 395-200.340 | K09         | UTILITY      | YES \$660.00 | 01/04/99 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cooley Godward LLP

2 Craig P. Opperman, Esq.

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Collaboration Properties, Inc.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Incline Village, NEVADA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 5

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 03-3117  
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

10/8/98

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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10/19/1998 NTHA11 00000195 08660880

01 FC:242

02 FC:361

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